

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest Information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS - Glenwood Resource Center

Name of Department or Office

711 S Vine St

Glenwood, Iowa 51534

Mailing Address

712-527-4811

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

James Thompson

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Beverly Hanson

Name

1124 W 20th St

Sioux City, IA 51103

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

2/26/19

\$ 50.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Clothing, TV - House 468, To be given to those who may need them.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, James Thompson affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

James Thompson
Signature

3/28/19
Date

RECEIPT OF DONATION
(Please send to Ruth Messinger #23)

PERSON/ORGANIZATION:

Beverly Harrison

Donor Name

1124 West 20th St.

Address

Sioux City, IA 51103

City, State, Zip Code

ITEMS DONATED:

clothing, TV

DROP OFF LOCATION:

Hse 468

DONOR VALUATION OF
ITEM(S):

\$50 .00

DONORS EXPECTATION OF USE:

To be given to those who may need them

(i.e. donation to a specific house, Campbell Park, etc.).

DATE RECEIVED:

2/26/19

GRC SUPERVISOR RECEIVING
DONATION:

COMMENTS/NOTES:

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